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CONFIRMATION NO. 3633

<b>SERIAL NUMBER</b> 10/627,876	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> TRAUMA 3.0-433
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## APPLICANTS

Nils Zander, Eckernforde, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

*none 3/28/07*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 20211806.1 08/01/2002 *OK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/23/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>				

## ADDRESS

530

## TITLE

Targeting device for a locking nail

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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